

**FOOD STAMP PROGRAM
COUNTY REQUEST FOR REGULATION INTERPRETATION**

INSTRUCTIONS: Complete items 1 -10 of the form. Use a separate form for each policy interpretation request. Retain a copy of the FS 24 for your records and submit the original to the Food Stamp Policy Implementation Unit, 744 P Street, M.S. 16-32, Sacramento, CA 95814.

1. REQUESTOR NAME:	5. COUNTY:
2. PHONE NO.:	6. SUBJECT:
3. REGULATIONS CITE(S):	7. REFERENCES:
4. DATE OF REQUEST:	8. DATE RESPONSE NEEDED:

(Include ACL/ACIN, FSQUADS, court cases, etc. in references)

9. QUESTION:

10. PROPOSED ANSWER:

11. STATE POLICY RESPONSE *(FSPIU USE ONLY)*:

CONSULT:	ANALYST:	DATE:
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